

Application Serial Number	10/081,411
Filing Date	February 20, 2002
First Named Inventor	Schneur
Group Art Unit	3627
Examiner Name	Lynda C. Jasmin
Attorney Docket No.	EMT-003
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input checked="" type="checkbox"/> Check No. _____ in the amount of \$395.00 Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response (9 pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Second Information Disclosure Statement (2 pgs.) <input checked="" type="checkbox"/> Second Form PTO-1449 (1 pg.) <input checked="" type="checkbox"/> Copies of Certain IDS Citations (C6-C10) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal (2 pgs.) <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 (1 pg.) <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
--	---	---

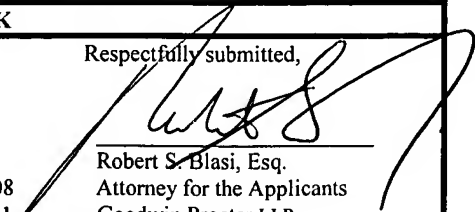
CORRESPONDENCE ADDRESS


Direct all correspondence to: Patent Administrator
 Goodwin Procter LLP
 Exchange Place
 Boston, MA 02109
 Tel. No.: (617) 570-1000
 Fax No.: (617) 523-1231
 Customer No. 051414

SIGNATURE BLOCK

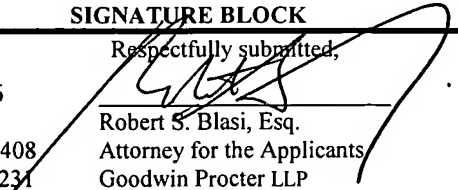
Date: January 25, 2006
 Reg. No. 50,389
 Tel. No.: (617) 570-1408
 Fax No.: (617) 523-1231

Respectfully submitted,


 Robert S. Blasi, Esq.
 Attorney for the Applicants
 Goodwin Procter LLP
 Exchange Place
 Boston, MA 02109

	Complete if Known	
	Application Serial Number	10/081,411
	Filing Date	February 20, 2002
	First Named Inventor	Schneur
	Group Art Unit	3627
	Examiner Name	Lynda C. Jasmin
Attorney Docket No.		EMT-003

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																							
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input checked="" type="checkbox"/> Applicant claims small entity status.	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> <th style="width: 50%;">Fee Description</th> <th style="width: 20%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>120</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>450</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1020</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1590</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2160</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>500</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>500</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1000</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>400</td><td>400</td><td>Petitions to the Commissioner (Gp. I)</td><td></td></tr> <tr><td>200</td><td>200</td><td>Petitions to the Commissioner (Gp. II)</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner (Gp. III)</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>130</td><td>65</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td>Other fee (Specify)</td><td></td><td>Request for Continued Examination</td><td>395.00</td></tr> <tr><td>Other fee (Specify)</td><td></td><td></td><td></td></tr> <tr><td colspan="3" style="text-align: right;">SUBTOTAL (3)</td><td>(\$) 395.00</td></tr> </tbody> </table>		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		120	60	Extension for reply within first month		450	225	Extension for reply within second month		1020	510	Extension for reply within third month		1590	795	Extension for reply within fourth month		2160	1080	Extension for reply within fifth month		500	250	Notice of Appeal		500	250	Filing a brief in support of an appeal		1000	500	Request for oral hearing		400	400	Petitions to the Commissioner (Gp. I)		200	200	Petitions to the Commissioner (Gp. II)		130	130	Petitions to the Commissioner (Gp. III)		180	180	Submission of Information Disclosure Statement		790	395	Filing a submission after final rejection (37 CFR 1.129(a))		790	395	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		130	65	Submission of Terminal Disclaimer		Other fee (Specify)		Request for Continued Examination	395.00	Other fee (Specify)				SUBTOTAL (3)			(\$) 395.00						
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																					
130	65	Surcharge - late filing fee or oath																																																																																																						
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																																						
130	130	Non-English specification																																																																																																						
2,520	2,520	Request for ex parte reexamination																																																																																																						
120	60	Extension for reply within first month																																																																																																						
450	225	Extension for reply within second month																																																																																																						
1020	510	Extension for reply within third month																																																																																																						
1590	795	Extension for reply within fourth month																																																																																																						
2160	1080	Extension for reply within fifth month																																																																																																						
500	250	Notice of Appeal																																																																																																						
500	250	Filing a brief in support of an appeal																																																																																																						
1000	500	Request for oral hearing																																																																																																						
400	400	Petitions to the Commissioner (Gp. I)																																																																																																						
200	200	Petitions to the Commissioner (Gp. II)																																																																																																						
130	130	Petitions to the Commissioner (Gp. III)																																																																																																						
180	180	Submission of Information Disclosure Statement																																																																																																						
790	395	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																																						
790	395	For each additional invention to be examined (37 CFR 1.129(b))																																																																																																						
100	100	Certificate of Correction for applicant's error																																																																																																						
130	65	Submission of Terminal Disclaimer																																																																																																						
Other fee (Specify)		Request for Continued Examination	395.00																																																																																																					
Other fee (Specify)																																																																																																								
SUBTOTAL (3)			(\$) 395.00																																																																																																					
FEE CALCULATION 1. FILING/SEARCH/EXAM/SIZE FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 40%;">Fee Description</th> <th style="width: 45%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 55%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Multiple Dependent Claim(s), if any </td> <td>\$360.00 =</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="3" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="3">SUBTOTAL (1)</td> <td>(\$) 0.00</td> </tr> </tbody> </table> 2. AMENDMENT CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claims Remaining After Amend.</th> <th style="width: 15%;">Highest No. Previously Paid For</th> <th style="width: 15%;">Present Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 40%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim </td> <td>+ \$360.00 =</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td>(\$)</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td>(\$) 0.00</td> <td></td> </tr> </tbody> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	300	Utility filing fee		500	Utility search fee		200	Utility exam fee		250	Utility size fee (each add'l 50 pgs. over 100)		200	Design filing fee		100	Design search fee		130	Design exam fee		250	Design size fee (each add'l 50 pgs. over 100)		Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 50.00 =		Independent Claims	- 3 =	x \$200.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$360.00 =	TOTAL:			(\$)	SMALL ENTITY DISCOUNT:			(\$)	SUBTOTAL (1)			(\$) 0.00	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 50.00 =		Indep.	-	=	x \$200.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00 =		TOTAL:			(\$)		SMALL ENTITY DISCOUNT:			(\$)		SUBTOTAL (2)			(\$) 0.00		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: right;">SUBTOTAL (1)</td> <td style="width: 40%; text-align: right;">0.00</td> </tr> <tr> <td></td> <td style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td></td> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="text-align: right;">395.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL (\$)</td> <td style="text-align: right;">395.00</td> </tr> </table>			SUBTOTAL (1)	0.00		SUBTOTAL (2)	0.00		SUBTOTAL (3)	395.00	TOTAL (\$)		395.00
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																																						
300	Utility filing fee																																																																																																							
500	Utility search fee																																																																																																							
200	Utility exam fee																																																																																																							
250	Utility size fee (each add'l 50 pgs. over 100)																																																																																																							
200	Design filing fee																																																																																																							
100	Design search fee																																																																																																							
130	Design exam fee																																																																																																							
250	Design size fee (each add'l 50 pgs. over 100)																																																																																																							
Number Filed	Number Extra	Rate	Amount																																																																																																					
Total Claims	- 20 =	x \$ 50.00 =																																																																																																						
Independent Claims	- 3 =	x \$200.00 =																																																																																																						
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$360.00 =																																																																																																					
TOTAL:			(\$)																																																																																																					
SMALL ENTITY DISCOUNT:			(\$)																																																																																																					
SUBTOTAL (1)			(\$) 0.00																																																																																																					
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																																																				
Total	-	=	x \$ 50.00 =																																																																																																					
Indep.	-	=	x \$200.00 =																																																																																																					
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00 =																																																																																																					
TOTAL:			(\$)																																																																																																					
SMALL ENTITY DISCOUNT:			(\$)																																																																																																					
SUBTOTAL (2)			(\$) 0.00																																																																																																					
	SUBTOTAL (1)	0.00																																																																																																						
	SUBTOTAL (2)	0.00																																																																																																						
	SUBTOTAL (3)	395.00																																																																																																						
TOTAL (\$)		395.00																																																																																																						

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414	Respectfully submitted,  Date: January 25, 2006 Reg. No.: 50,389 Tel. No.: (617) 570-1408 Fax No.: (617) 523-1231 Robert S. Blasi, Esq. Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109



nik

PATENT
Attorney Docket No. EMT-003
(120418/159594)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Schneur et al.

SERIAL NUMBER: 10/081,411

ART UNIT: 3627

FILING DATE: February 20, 2002

EXAMINER: Lynda C. Jasmin

TITLE: AUCTION MANAGEMENT WITH BUSINESS VOLUME
DISCOUNT

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25th day of January, 2006.


Alyson J. Lucas

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. Check No. 970709 in the amount of \$395.00;
4. Second Information Disclosure Statement (2 pgs.);
5. Second Form PTO 1449 (1 pg.);
6. Copies of Certain IDS Citations (C6-C10);
7. Request for Continued Examination (2 pgs.);
8. Amendment & Response (9 pgs.); and
9. Return Receipt Postcard.